Checklist: Employee Termination

Employee name:	Department:
Termination date:	
TYPE OF TERMINATION	
□ <i>Voluntary:</i>	
☐ Received employee's resignation written confirmation of resignation	n letter. (If verbal resignation, provided employee with n).
☐ Exit interview scheduled.	☐ Exit interview completed.
□ <i>Involuntary</i> :	
☐ Provided employee with termin	ation letter.
☐ Provided employee with severa	nce agreement if eligible.
☐ Received signed severance	e agreement.
☐ Provided employee with WARN BENEFITS	N notice (if applicable).
☐ Provided employee with termination/o information (COBRA, life insurance, sup	continuation of employment insurance benefits pplemental insurance, etc.)
☐ Checked FSA/HSA participation and reimbursement deadlines, if applicable.	informed employee of remaining funds and
☐ Checked dependent care FSA particip reimbursement deadlines, if applicable.	ation and informed employee of remaining funds and
☐ Checked PTO balance and informed e processed at termination of employment.	employee of any remaining PTO and how it will be
☐ Informed employee about retirement I	plan account options.
COMPENSATION	
☐ Provided notice of policy regarding ar (e.g., educational loans/pay advances).	ny outstanding balances for money owed to company
☐ Notified payroll department to process	s final paycheck.
☐ Informed payroll of any unused but ea	arned PTO amounts due to the employee.
\square Notified payroll to process severance applicable).	pay and whether lump sum or salary continuation (if

☐ Colorado Notice of unemployment.(if applicable).
CONTRACTS/LEGAL
☐ Provided written notice to employee of any legal obligations that continue post-employment (e.g., noncompete/confidentiality agreements/employment contracts).
IMMIGRATION
\square Notified company immigration attorney of termination if employee is on a temporary work visa.
RECORDS
☐ Pulled personnel file to be stored with terminated employee files.
□ Pulled Form I-9 to be stored with terminated employees' I-9s.
☐ Obtained written authorization from employee to respond to employment verification requests.
INFORMATION TECHNOLOGY
☐ Disabled e-mail account.
☐ Removed employee's name from e-mail group distribution lists; internal/office phone list; website and building directories.
☐ Disabled computer access.
☐ Disabled phone extension.
☐ Disabled voicemail.
FACILITIES/OFFICE MANAGER
☐ Disabled security codes, if necessary.
☐ Changed office mailbox.
☐ Cleaned work area and removed personal belongings.
☐ Collected the following items:
\square Keys (\square office \square building \square desk \square file cabinets \square other)
□ ID card
☐ Building access card
☐ Business cards
☐ Nameplate
☐ Name badge

☐ Company cell phone	
□ Laptop	
□ Uniforms	
☐ Tools	
☐ Other	-
☐ Other	-
Form completed by:	Date: